

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Campaign for Working Families

ADDRESS (number and street) 2800 Shirlington Road, Suite 930
 Check if different than previously reported. (ACC)
Arlington VA 22206

2. **FEC IDENTIFICATION NUMBER** C00325076
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Amy Myers

Signature of Treasurer Electronically Filed by Amy Myers Date 07 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Campaign for Working Families

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1017233.67
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	1017233.67									
(c) Total Receipts (from Line 19)	324028.15	324028.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1341261.82	1341261.82								
7. Total Disbursements (from Line 31)	233046.43	233046.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1108215.39	1108215.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5284.32									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Campaign for Working Families

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	195690.00	195690.00
(i) Itemized (use Schedule A)	113588.48	113588.48
(ii) Unitemized	309278.48	309278.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	309278.48	309278.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	14749.67	14749.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	324028.15	324028.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	324028.15	324028.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	220713.43	220713.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	220713.43	220713.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12250.00	12250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	83.00	83.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	83.00	83.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	233046.43	233046.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	233046.43	233046.43

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	309278.48	309278.48
34. Total Contribution Refunds (from Line 28(d))	83.00	83.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	309195.48	309195.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	220713.43	220713.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	220713.43	220713.43

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GARY P ALLEN

Mailing Address 5744 E FALL CREEK PKWY

City INDIANAPOLIS State IN Zip Code 46226

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.72038

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
MR GARY P ALLEN

Mailing Address 5744 E FALL CREEK PKWY

City INDIANAPOLIS State IN Zip Code 46226

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.72037

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR MARK ANDREWS, JR

Mailing Address 11 CHESTERFIELD LAKES RD

City CHESTERFIELD State MO Zip Code 63005

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.72881

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. DENISE ARENDS		Date of Receipt MM / DD / YYYY 04 / 03 / 2007
Mailing Address 2176 66TH AVE NE		Transaction ID: SA11A1.72631
City WILLMAR	State MN	Zip Code 56201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ACCURPRESS INC	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MS LISA C AUBLE		Date of Receipt MM / DD / YYYY 02 / 21 / 2007
Mailing Address PO BOX 654		Transaction ID: SA11A1.74406
City GLENNALLEN	State AK	Zip Code 99588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer SERVICE OIL & GAS INC	Occupation CLERICAL	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. DR WILLIAM E AUSTIN, MD		Date of Receipt MM / DD / YYYY 06 / 19 / 2007
Mailing Address 1830 S HAWTHORNE RD		Transaction ID: SA11A1.71184
City WINSTON SALEM	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SALEM GASTROENTEROLOGY	Occupation PHYSICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	3100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR CHARLES D AYRES		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2007	
Mailing Address 4911 CASA ORO DRIVE		Transaction ID: SA11A1.73918	
City State Zip Code YORBA LINDA CA 92886		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR CHARLES D AYRES		Date of Receipt M M / D D / Y Y Y Y Y 05 / 07 / 2007	
Mailing Address 4911 CASA ORO DRIVE		Transaction ID: SA11A1.73919	
City State Zip Code YORBA LINDA CA 92886		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR CHARLES D AYRES		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2007	
Mailing Address 4911 CASA ORO DRIVE		Transaction ID: SA11A1.73920	
City State Zip Code YORBA LINDA CA 92886		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR JOHN D BAER

Mailing Address 15739 TOEPFER ST

City State Zip Code
TREMONT IL 61568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TREMONT MEDICAL CLINIC FAMILY PHYSICIAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.72855

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
MATTHEW C BAKER

Mailing Address 3630 KACIN CT

City State Zip Code
RICHFIELD WI 53076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED - NOT RECVD INFO REQUESTED - NOT RECVD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.72450

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER J BEQUETTE

Mailing Address 18775 SANTA MARIANA STREET

City State Zip Code
FOUNTAIN VALLEY CA 92708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.73878

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS MARY J BERRYMAN

Mailing Address 12137 CRESCENT COVE CT

City State Zip Code
WINDERMERE FL 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.71643

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MR DONALD C BISHOP

Mailing Address 15916 LA LINDURA DR

City State Zip Code
WHITTIER CA 90603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 23 / 2007

Transaction ID: SA11A1.73668

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR GARY R BISHOP

Mailing Address 15144 LARRY STREET

City State Zip Code
POWAY CA 92064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RIVERSIDE COUNTY PHARMACIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.73769

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	5285.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR TODD A BLACKLEDGE

Mailing Address 2711 GLENMONT RD NW

City State Zip Code
CANTON OH 44708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ABS SPORTS/ESPN TV SPORTSCASTER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2007

Transaction ID: SA11A1.71934

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR TODD A BLACKLEDGE

Mailing Address 2711 GLENMONT RD NW

City State Zip Code
CANTON OH 44708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ABS SPORTS/ESPN TV SPORTSCASTER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2007

Transaction ID: SA11A1.71935

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BILL BOLTHOUSE

Mailing Address PO BOX 2439

City State Zip Code
AVILA BEACH CA 93424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 01 / 2007

Transaction ID: SA11A1.73979

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR RONALD J BOOMSTRA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 585 BIRCHWOOD ST		Transaction ID: SA11A1.72240	
City JACKSON	State MI	Zip Code 49203	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED MILITARY		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MR LAWRENCE D BOONE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address PO BOX1056		Transaction ID: SA11A1.74064	
City DENAIR	State CA	Zip Code 95316	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer TANANA CHIEFS CONFERNCE INC	Occupation HEALTH AIDE		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MR LAWRENCE D BOONE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address PO BOX1056		Transaction ID: SA11A1.74065	
City DENAIR	State CA	Zip Code 95316	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer TANANA CHIEFS CONFERNCE INC	Occupation HEALTH AIDE		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR LAWRENCE D BOONE

Mailing Address PO BOX1056

City DENAIR State CA Zip Code 95316

FEC ID number of contributing federal political committee. **C**

Name of Employer TANANA CHIEFS CONFERENCE INC Occupation HEALTH AIDE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.74066

Amount of Each Receipt this Period
450.00

B. Full Name (Last, First, Middle Initial)
MRS MARTH J BOOTH

Mailing Address PO BOX 231

City AVA State MO Zip Code 65608

FEC ID number of contributing federal political committee. **C**

Name of Employer OATS INC Occupation BUS DRIVER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.72950

Amount of Each Receipt this Period
230.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM P BORDUIN

Mailing Address 200 BLACK SKIMMER COURT

City EDGEWATER State MD Zip Code 21037

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.71030

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2680.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR. RONALD A BOSS

Mailing Address 977 COACHWAY

City State Zip Code
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2007

Transaction ID: SA11A1.71054

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. RONALD A BOSS

Mailing Address 977 COACHWAY

City State Zip Code
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.71055

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR EARL M BOWERS

Mailing Address PO BOX 8382

City State Zip Code
NORTHFIELD IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROTECT ENTREPRENUER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.72749

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR TERRY BRISTOL

Mailing Address 344 E FOOTHILLS PARKWAY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ASSET MGR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.73454

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR TERRY BRISTOL

Mailing Address 344 E FOOTHILLS PARKWAY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ASSET MGR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.73455

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR DEL C BROOKS

Mailing Address 12789 NORTH MUIRFIELD

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer SMURFIT STORE CONT. CORP Occupation GEN MGR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2007

Transaction ID: SA11A1.71512

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS KAREN L BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.71515

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
MRS KAREN L BROOKS

Mailing Address 12789 MUIRFIELD BLVD N

City JACKSONVILLE State FL Zip Code 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.71516

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
MR DALE A BROWN

Mailing Address PO BOX 5562

City MIDLAND State TX Zip Code 79704

FEC ID number of contributing federal political committee. **C**

Name of Employer PETROLEUM STRATEGIES INC Occupation BUS. MANAGER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.73389

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. RITA BROWN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address P.O. BOX 5562		Transaction ID: SA11A1.73390
City MIDLAND State TX Zip Code 79704	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HOUSEWIFE Occupation HOUSEWIFE		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MRS TONYA BRUMMERSTEDT		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address 465 NORMAN		Transaction ID: SA11A1.72827
City GROVELAND State IL Zip Code 61535	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MRS KELLY I BUCK		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007
Mailing Address 2084 BROOK HIGHLAND RIDGE		Transaction ID: SA11A1.71671
City BIRMINGHAM State AL Zip Code 35242	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF Occupation ORAL SURGEON		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GREG BURNS

Mailing Address 42782 SUMMERHOUSE PLACE

City ASHBURN State VA Zip Code 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer KHA Occupation CIVIL ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.70996

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR GORDON CHAN

Mailing Address 1023 NE 98TH STREET

City SEATTLE State WA Zip Code 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHWEST HOSP Occupation C T TECHNOLOGIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 07 / 2007

Transaction ID: SA11A1.74289

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
MR GORDON CHAN

Mailing Address 1023 NE 98TH STREET

City SEATTLE State WA Zip Code 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHWEST HOSP Occupation C T TECHNOLOGIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2007

Transaction ID: SA11A1.74290

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GORDON CHAN

Mailing Address 1023 NE 98TH STREET

City SEATTLE State WA Zip Code 98115

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHWEST HOSP Occupation C T TECHNOLOGIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2007

Transaction ID: SA11A1.74291

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
MRS MICHELE CHAPDELAINE

Mailing Address 990 SWEET GRASS CIR

City AURORA State OH Zip Code 44202

FEC ID number of contributing federal political committee. **C**

Name of Employer PIONEER PRE-SCHOOL Occupation TEACHER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2007

Transaction ID: SA11A1.71909

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY ROAD

City HOUSTON State TX Zip Code 77066

FEC ID number of contributing federal political committee. **C**

Name of Employer TWSCO INC Occupation CHAIRMAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 25 / 2007

Transaction ID: SA11A1.73250

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR BARTON L COMSTOCK

Mailing Address 3075 GRANGE ROAD

City State Zip Code
BERRIEN SPRGS MI 49103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTHWESTERN MEDICAL CLIN-IC MEDICAL DOCTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.72237

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MR JOHN CONDRA

Mailing Address 803 SWEET APPLE CIR

City State Zip Code
ALPHARETTA GA 30004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.71363

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MS JUDI COOVER

Mailing Address 503 COLLINS AVE BOX 433

City State Zip Code
PORTLAND PA 18351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J A COOVER & ASSOC CONSULTANT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2007

Transaction ID: SA11A1.70965

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS ELIZABETH CRAINE

Mailing Address 28977 OLD TRILBY ROAD

City State Zip Code
BROOKSVILLE FL 34602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY COMM HOSPITAL RN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.71636

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH H CRUME

Mailing Address PO BOX 3456

City State Zip Code
TUSTIN CA 92781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 02 / 2007

Transaction ID: SA11A1.73893

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MRS CATHERINE A DAICHENDT

Mailing Address 2620 RIVIERA DR

City State Zip Code
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOUSEWIFE HOUSEWIFE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 29 / 2007

Transaction ID: SA11A1.73836

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GARY J DAICHENDT

Mailing Address 2620 RIVIERA DR

City State Zip Code
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2007

Transaction ID: SA11A1.73837

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
JAMES F DAUGHERTY

Mailing Address 2000 OUTRIGGER DRIVE

City State Zip Code
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.74107

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR JOHN DAVIDSON

Mailing Address 1610 CREEK RD

City State Zip Code
DRIPPING SPGS TX 78620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2007

Transaction ID: SA11A1.73335

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
STEVEN J DEFRANCIS

Mailing Address 260 PEACHTREE STREET SUITE1001

City ATLANTA State GA Zip Code 30303

FEC ID number of contributing federal political committee. **C**

Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	7

Transaction ID: SA11A1.71444

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR WARREN W DEKREY

Mailing Address 730 ASPEN PLACE

City BISMARCK State ND Zip Code 58503

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	7

Transaction ID: SA11A1.72670

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR WARREN W DEKREY

Mailing Address 730 ASPEN PLACE

City BISMARCK State ND Zip Code 58503

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.72671

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR LEONARD A DEO

Mailing Address 2 SYLDEO DRIVE

City PARSIPPANY State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C**

Name of Employer FLOWERS & GIFTS INC Occupation FLORIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2007

Transaction ID: SA11A1.70744

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR LEONARD A DEO

Mailing Address 2 SYLDEO DRIVE

City PARSIPPANY State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C**

Name of Employer FLOWERS & GIFTS INC Occupation FLORIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2007

Transaction ID: SA11A1.70745

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR FRANKLIN L DEREMER

Mailing Address 8 SOUTH CIRCLE DRIVE

City SANTA CRUZ State CA Zip Code 95060

FEC ID number of contributing federal political committee. **C**

Name of Employer ARC INTERNATIONAL Occupation EXECUTIVE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2007

Transaction ID: SA11A1.74045

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
LARRY DETTMER

Mailing Address 1063 KERM ST
PO BOX 2455

City WATERLOO State IA Zip Code 50704

FEC ID number of contributing federal political committee. **C**

Name of Employer: INFO REQUESTED- NOT RECD Occupation: INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: SA11A1.72380

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRANCINE DIBIASE

Mailing Address 8103 CATALINA ISLAND DR

City KATY State TX Zip Code 77494

FEC ID number of contributing federal political committee. **C**

Name of Employer: DIBIASE FAMILY Occupation: HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: SA11A1.73280

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANK DIMARE

Mailing Address 3545 US I SOUTH

City SAINT AUGUSTINE State FL Zip Code 32086

FEC ID number of contributing federal political committee. **C**

Name of Employer: INFO REQUESTED- NOT RECD Occupation: INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2007

Transaction ID: SA11A1.71503

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR DONALD R DOWNS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 333 W PASEO DE CRISTOBAL		Transaction ID: SA11A1.73851	
City State Zip Code SAN CLEMENTE CA 92672		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MRS MICHAEL D ECHELBARGER		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2007	
Mailing Address 16207 LARCH WAY		Transaction ID: SA11A1.74282	
City State Zip Code LYNNWOOD WA 98087		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SELF HOMEMAKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MRS MICHAEL D ECHELBARGER		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2007	
Mailing Address 16207 LARCH WAY		Transaction ID: SA11A1.74283	
City State Zip Code LYNNWOOD WA 98087		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SELF HOMEMAKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS MICHAEL D ECHELBARGER

Mailing Address 16207 LARCH WAY

City LYNWOOD State WA Zip Code 98087

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.74284

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City CAMBRIDGE State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2007

Transaction ID: SA11A1.70661

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
EMERSON EGGERICHS

Mailing Address 3792 BRIDGEHAMPTON DR NE

City GRAND RAPIDS State MI Zip Code 49546

FEC ID number of contributing federal political committee. **C**

Name of Employer LOVE AND RESPECT MINISTRIES Occupation PRESIDENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2007

Transaction ID: SA11A1.72320

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
CAPRICE EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2007

Transaction ID: SA11A1.74082

Amount of Each Receipt this Period
 4600.00

B. Full Name (Last, First, Middle Initial)
CAPRICE EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4835.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2007

Transaction ID: SA11A1.74083

Amount of Each Receipt this Period
 235.00

C. Full Name (Last, First, Middle Initial)
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer: JAYMES & JAYMES Occupation: INSURANCE BROKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 23 / 2007

Transaction ID: SA11A1.74079

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	5035.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.74080

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City YORKVILLE State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer JAYMES & JAYMES Occupation INSURANCE BROKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.74081

Amount of Each Receipt this Period
4400.00

C. Full Name (Last, First, Middle Initial)
MRS ROBERTA ELDRED

Mailing Address 3000 SAND HILL RD
BLDG 1 SUITE 145

City MENLO PARK State CA Zip Code 94025

FEC ID number of contributing federal political committee. **C**

Name of Employer LIVING STONES FND CHARITABLE TRUST Occupation CHAIRMAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.73995

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	9700.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR. JAMES S ENGLUND

Mailing Address 302 CINDI CT

City State Zip Code
LONGVIEW TX 75605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MISSIONARY TECH TEAM ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2007

Transaction ID: SA11A1.73194

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS ANNETTA ENSING

Mailing Address 1763 BRIDLE CREEK ST SE

City State Zip Code
KENTWOOD MI 49508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.72302

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MRS MARGUERITE ENSIO

Mailing Address 7540 WINDOW PEAK RD

City State Zip Code
TUCSON AZ 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: SA11A1.73616

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5650.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR. PAAVO ENSIO		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 7540 N WINDOW PEAK RD		Transaction ID: SA11A1.73617	
City TUCSON	State AZ	Zip Code 85718	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation ENGINEER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MR JERRY ERICKSON		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO BOX 3006		Transaction ID: SA11A1.74272	
City BOTHELL	State WA	Zip Code 98041	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer CE PUBLICATIONS INC	Occupation MAGAZINE PUBLISHER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. MR JERRY ERICKSON		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address PO BOX 3006		Transaction ID: SA11A1.74273	
City BOTHELL	State WA	Zip Code 98041	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer CE PUBLICATIONS INC	Occupation MAGAZINE PUBLISHER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 171
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR JERRY A EVANS		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 10966 WREN DRIVE		Transaction ID: SA11A1.72294	
City State Zip Code NUNICA MI 49448		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation WEST MICHIGAN EMERGENCY SVCS PHYSICIAN			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. MRS SUZANNE M EVANS		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 6195 STONE ARABIA RD		Transaction ID: SA11A1.70815	
City State Zip Code CICERO NY 13039		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UPS PILOT			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MRS SUZANNE M EVANS		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 6195 STONE ARABIA RD		Transaction ID: SA11A1.70816	
City State Zip Code CICERO NY 13039		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UPS PILOT			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS ETHELYN C FEY

Mailing Address 2454 160TH AVE

City State Zip Code
EDGERTON MN 56128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOUSEWIFE HOUSEWIFE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 09 / 2007

Transaction ID: SA11A1.72629

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR J W FRACK

Mailing Address 11143 PHILADELPHIA RD

City State Zip Code
WHITE MARSH MD 21162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHROP GRUMMAN ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 16 / 2007

Transaction ID: SA11A1.71041

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR FRED B FRANK

Mailing Address 501 VIA JUAREZ

City State Zip Code
SAN CLEMENTE CA 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.73854

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS ELAINE K FRANKS

Mailing Address 3225 S OXBOW DR

City State Zip Code
NAMPA ID 83686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.73543

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code
METAIRIE LA 70001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2007

Transaction ID: SA11A1.73043

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code
METAIRIE LA 70001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.73044

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	235.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City State Zip Code
METAIRIE LA 70001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN INTERIORS LTD PRESIDENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2007

Transaction ID: SA11A1.73045

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City State Zip Code
MADISON WI 53713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTERVARSITY CHRISTIAN FE-
LLOWSHIP MANAGER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.72488

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City State Zip Code
MADISON WI 53713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTERVARSITY CHRISTIAN FE-
LLOWSHIP MANAGER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.72489

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR JAMES FULLMER		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 2552 WALNUT AVE SUITE 230		Transaction ID: SA11A1.73889	
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FULLMER CONSTRUCTION	Occupation GENERAL CONTRACTOR		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MRS JOAN FULLMER		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 2552 WALNUT AVE SUITE 230		Transaction ID: SA11A1.73887	
City State Zip Code TUSTIN CA 92780	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer LASER & DERMATOLOGY GROUP	Occupation RN		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MR WAYNE GARNER		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 236 CROSS COUNTRY DR		Transaction ID: SA11A1.73224	
City State Zip Code HEWITT TX 76643	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation TEACHER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00		

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MARVIN H GOEHRING

Mailing Address 301 W REDWOOD ST APT 11

City State Zip Code
PARKSTON SD 57366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2007

Transaction ID: SA11A1.72658

Amount of Each Receipt this Period
520.00

B. Full Name (Last, First, Middle Initial)
MR DENNIS A GOLDENMAN

Mailing Address 2016 18TH AVE

City State Zip Code
MONROE WI 53566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE SWISS COLONY INC ACCOUNTANT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.72481

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS SUSAN R GORDON

Mailing Address 1212 NW 12TH ST

City State Zip Code
ANDREWS TX 79714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRIAN E GORDON- MD BOOKKEEPER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2007

Transaction ID: SA11A1.73393

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1220.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS MARY H GREEN

Mailing Address 549 GWILYM CT

City State Zip Code
WALES WI 53183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORD/CHICAGO FLIGHT ATTENDANT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.72460

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR GORDON L GREVENGOED

Mailing Address 15 PRINCETON COURT

City State Zip Code
ZEELAND MI 49464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.72295

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR PAUL J GROSSKREUZ

Mailing Address 6868 NORTHVUE CT

City State Zip Code
WEST BEND WI 53090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
QUAD TECH ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.72455

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS CARL W GUSTKE

Mailing Address 233 STATON ROAD

City State Zip Code
CABOT AR 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FED EX - (WIFE) REBSAMEN PILOT - WIFE DEBORAH-RN
REGIONAL HSPT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.73077

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS CARL W GUSTKE

Mailing Address 233 STATON ROAD

City State Zip Code
CABOT AR 72023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FED EX - (WIFE) REBSAMEN PILOT - WIFE DEBORAH-RN
REGIONAL HSPT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.73078

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQUARE NO J312

City State Zip Code
LANCASTER PA 17602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.70946

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	▶	475.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQUARE NO J312

City State Zip Code
LANCASTER PA 17602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.70947

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS SHARON M HAST

Mailing Address 203 EMMONS ST SE

City State Zip Code
CALEDONIA MI 49316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VAN ANDEL PROPANE NORTH STAR CLERICAL

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.72266

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR BONNIE M HEATH, III

Mailing Address 7145 NW 125TH STREET RD

City State Zip Code
REDDICK FL 32686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.71549

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR DALE HEDRICK		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 2200 CENTREPARK WEST DRIVE # 100		Transaction ID: SA11A1.71584	
City WEST PALM BEACH	State FL	Zip Code 33409	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HEDRICK BROTHERS	Occupation GENERAL CONTROLTOR		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. MRS GENEVIE L HENDERSON		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 3139 SE 26TH AVE		Transaction ID: SA11A1.74165	
City PORTLAND	State OR	Zip Code 97202	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MR WILLIAM T HENRY, SR		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address 4 CHERRY CREEK COVE		Transaction ID: SA11A1.73088	
City LITTLE ROCK	State AR	Zip Code 72212	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RADIOLOGY CONSULTANTS	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS BABETTE HILL		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 157 NE COAL LANE		Transaction ID: SA11A1.72931
City	State	Zip Code
TRENTON	MO	64683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HOME	Occupation FAMILY MANAGER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MRS BABETTE HILL		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address 157 NE COAL LANE		Transaction ID: SA11A1.72932
City	State	Zip Code
TRENTON	MO	64683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HOME	Occupation FAMILY MANAGER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MR THEODORE G HINES		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007
Mailing Address 434 E WASHINGTON BLVD		Transaction ID: SA11A1.70908
City	State	Zip Code
GROVE CITY	PA	16127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PINE INSTRUMENT CO	Occupation EXECUTIVE	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS SYLVIA HOLLINGER

Mailing Address 26 HOLLOW RD

City State Zip Code
NEW PROVIDENCE PA 17560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WDAC RADIO COMPANY ADMINISTRATIVE ASSISTANT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: SA11A1.70935

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR MARK A HOLMES

Mailing Address 6035 S VIVIAN ST

City State Zip Code
LITTLETON CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAMBRO BCT INC REGULATORY AFFAIRS

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: SA11A1.73409

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
MR LARRY J HONEA

Mailing Address 6707 MEADOW ROAD

City State Zip Code
DALLAS TX 75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PADC REALTY REAL ESTATE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2007

Transaction ID: SA11A1.73111

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR LARRY J HONEA		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 6707 MEADOW ROAD		Transaction ID: SA11A1.73112	
City State Zip Code DALLAS TX 75230	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PADC REALTY	Occupation REAL ESTATE		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. MR LARRY J HONEA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 6707 MEADOW ROAD		Transaction ID: SA11A1.73189	
City State Zip Code DALLAS TX 75230	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PADC REALTY	Occupation REAL ESTATE		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. II PAUL R HOULE		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 320 PENINSULA POINTE DR		Transaction ID: SA11A1.71413	
City State Zip Code HOLLY SPRINGS GA 30115	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD	Occupation VP- PROFESSIONAL SERVICES		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. II PAUL R HOULE		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 320 PENINSULA POINTE DR		Transaction ID: SA11A1.71414	
City State Zip Code HOLLY SPRINGS GA 30115	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD	Occupation VP- PROFESSIONAL SERVICES		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. MRS CYNTHIA HUEMPFINER		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2007	
Mailing Address 525 JACK LEG LN		Transaction ID: SA11A1.72705	
City State Zip Code BOZEMAN MT 59715	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DICK WALTER AUTO CENTER	Occupation SECRETARY/BOOKKEEPER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DR DAVID S HUNGERFORD		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 10715 POT SPRING ROAD		Transaction ID: SA11A1.71029	
City State Zip Code COCKEYSVILLE MD 21030	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer JOHNS HOPKINS UNIVERSITY	Occupation SURGEON		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. DR CURTIS R IMEL		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 9 COUNTRYSIDE AVE		Transaction ID: SA11A1.72824	
City OTTAWA	State IL	Zip Code 61350	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation ORTHRODONTIST		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MR FRED SCOTT JACKSON		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 15 HILLSBOROUGH		Transaction ID: SA11A1.73847	
City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer JACKSON DEMARCO & PECKENP-AUGH	Occupation LAWYER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. MRS LORENA M JAEB		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2007	
Mailing Address PO BOX 428		Transaction ID: SA11A1.71598	
City MANGO	State FL	Zip Code 33550	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS LORENA M JAEB		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address PO BOX 428		Transaction ID: SA11A1.71599	
City MANGO	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33550		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) B. MRS LORENA M JAEB		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address PO BOX 428		Transaction ID: SA11A1.71600	
City MANGO	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33550		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) C. MRS LORENA M JAEB		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address PO BOX 428		Transaction ID: SA11A1.71601	
City MANGO	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 33550		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 3000.00			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MS JAY M JARVIS		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 2526 S STARLIGHT LN		Transaction ID: SA11A1.74393	
City GREENACRES	State WA	Zip Code 99016	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NORLIFT INC	Occupation BUSINESS OWNER & MANAGER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MR KENNETH JINKERSON		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2007	
Mailing Address 315 CORAL SKY LN		Transaction ID: SA11A1.73395	
City EL PASO	State TX	Zip Code 79912	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WESTERN	Occupation ENGINEER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. MR KENNETH JINKERSON		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 315 CORAL SKY LN		Transaction ID: SA11A1.73396	
City EL PASO	State TX	Zip Code 79912	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WESTERN	Occupation ENGINEER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS VICKY L JOHNSON

Mailing Address 43449 ELK RUN

City State Zip Code
STEAMBOAT SPRINGS CO 80487

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICAL THERAPIST/EDUCATORS

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.73444

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN STREET

City State Zip Code
GARNER IA 50438

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.72357

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN STREET

City State Zip Code
GARNER IA 50438

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.72358

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN STREET

City State Zip Code
GARNER IA 50438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2007

Transaction ID: SA11A1.72359

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN STREET

City State Zip Code
GARNER IA 50438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.72360

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR JOHN D KEISLING

Mailing Address 35 ERICA LANE

City State Zip Code
BELEN NM 87002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAIC SCIENTIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2007

Transaction ID: SA11A1.73627

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
DR JOHN D KEISLING

Mailing Address 35 ERICA LANE

City BELEN State NM Zip Code 87002

FEC ID number of contributing federal political committee. **C**

Name of Employer SAIC Occupation SCIENTIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.73628

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
KEITH KENDALL

Mailing Address 6549 WARREN SPUR RD

City MELBA State ID Zip Code 83641

FEC ID number of contributing federal political committee. **C**

Name of Employer KENDALL EMPLOYMENT PLUS Occupation OWNER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2007

Transaction ID: SA11A1.73531

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MR JOSE KENNARD

Mailing Address 1031 C AVE S

City EDMONDS State WA Zip Code 98020

FEC ID number of contributing federal political committee. **C**

Name of Employer VANDER VEER PROPERTIES Occupation MANAGER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2007

Transaction ID: SA11A1.74263

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1520.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR H KERKSTRA

Mailing Address 6612 SKY VIEW DRIVE

City BAKERSFIELD State CA Zip Code 93307

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.73966

Amount of Each Receipt this Period
 60.00

B. Full Name (Last, First, Middle Initial)
MR H KERKSTRA

Mailing Address 6612 SKY VIEW DRIVE

City BAKERSFIELD State CA Zip Code 93307

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.73967

Amount of Each Receipt this Period
 60.00

C. Full Name (Last, First, Middle Initial)
MR JOHN S KIRKPATRICK

Mailing Address 13300 ATLANTIC BLVD # 2115

City JACKSONVILLE State FL Zip Code 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIV OF ALABAMA BIRMINGHAM Occupation TEACHER/SURGEON

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.71517

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2120.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS LEONARD F KLASSEN

Mailing Address 1418 DENVER ST

City State Zip Code
MARION KS 66861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2007

Transaction ID: SA11A1.72977

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR JACK KNAPP

Mailing Address 2800 PIN OAK LN

City State Zip Code
SANDSTON VA 23150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VA ASSEMBLY OF 2ND BAPTIST EX DIRECTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2007

Transaction ID: SA11A1.71133

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City State Zip Code
WILLCOX AZ 85644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.73610

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
FRANK H KRUEGER

Mailing Address 3334 WENTWORTH WAY

City State Zip Code
JAMUL CA 91935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOLLNAN MORTGAGE MGR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.73735

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS THOMAS J KUK

Mailing Address 32265 WEPING WILLOW

City State Zip Code
TRABUCO CANYON CA 92679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.73865

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
MRS THOMAS J KUK

Mailing Address 32265 WEPING WILLOW

City State Zip Code
TRABUCO CANYON CA 92679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.73866

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional)	860.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS SHIRLEY A LABARR

Mailing Address 7306 SO INDEPENDENCE ST

City State Zip Code
LITTLETON CO 80128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.73416

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT LAKE

Mailing Address 2721 18TH ST

City State Zip Code
BAKERSFIELS CA 93301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.73961

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT LAKE

Mailing Address 2721 18TH ST

City State Zip Code
BAKERSFIELS CA 93301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.73962

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS LEILA A LANGSTON

Mailing Address 1733 SOLEJAR DR

City LA HABRA HEIGHTS State CA Zip Code 90631

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.73685

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
MRS DAVID C LARKIN

Mailing Address 259 N WATERTOWN ST

City WAUPUN State WI Zip Code 52963

FEC ID number of contributing federal political committee. **C**

Name of Employer POWERCOM CORPORATION Occupation EXECUTIVE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.72444

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
MRS GLENN G LARSON

Mailing Address 8950 235TH ST N

City FOREST LAKE State MN Zip Code 55025

FEC ID number of contributing federal political committee. **C**

Name of Employer WHOLESALE PRODUCE SUPPLY Occupation TRUCKING

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.72534

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR ERWIN D LATIMER

Mailing Address PO BOX 162

City State Zip Code
LOOKOUT MTN TN 37350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.71746

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR JAMES B LAWSON

Mailing Address 904 13TH AVE NE

City State Zip Code
DEVILS LAKE ND 58301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.72666

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR BRUCE LEE

Mailing Address 13 LA ESCALERA

City State Zip Code
SAN ANTONIO TX 78261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.73330

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. R M LIE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 9309 OLYMPIC VIEW DR		Transaction ID: SA11A1.74265	
City EDMONDS	State WA	Zip Code 98020	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MR THOMAS J MANNING		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 2317 BRIGHTON DR		Transaction ID: SA11A1.71819	
City LOUISVILLE	State KY	Zip Code 40205	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MANNINGS PAIN & BODY SHOP INC		Occupation AUTO BODY REPAIRMAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR RAY MATTHEWS		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 2700 SEVEN MILE WAY SE		Transaction ID: SA11A1.74195	
City ALBANY	State OR	Zip Code 97322	Amount of Each Receipt this Period 265.00
FEC ID number of contributing federal political committee. C			
Name of Employer WAH CHANG		Occupation GAUGE CALIBRATION TECHNICIAN	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	

SUBTOTAL of Receipts This Page (optional) ▶	1515.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR RAY MATTHEWS

Mailing Address 2700 SEVEN MILE WAY SE

City State Zip Code
ALBANY OR 97322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAH CHANG GAUGE CALIBRATION TECHNICIAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.74196

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DR JON TOM MCANEAR

Mailing Address 306 ZORNIA DR

City State Zip Code
SAN ANTONIO TX 78213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 29 / 2007

Transaction ID: SA11A1.73314

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS CHARLEEN M MCBRAYER

Mailing Address 5098 POST OAK TRITT RD NE

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COMPREHENSIVE COMPUTER CO-CONSULTING INC. CEO/OWNER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2007

Transaction ID: SA11A1.71393

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS LYNN MCCLATCHEY

Mailing Address 45012 70TH AVENUE

City State Zip Code
LINN GROVE IA 51033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIOUX CENTRAL SCHOOL TEACHER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.72388

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
LEE IMCCUTCHAN

Mailing Address 160 CHURCHILL DR

City State Zip Code
ATLANTA GA 30350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.71452

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEE IMCCUTCHAN

Mailing Address 160 CHURCHILL DR

City State Zip Code
ATLANTA GA 30350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.71454

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	620.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MICHAEL W MCRAE

Mailing Address 4710 PAULA WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMUD ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.74091

Amount of Each Receipt this Period
390.00

B. Full Name (Last, First, Middle Initial)
MS RUTH A MERILLAT

Mailing Address 860 RICHLYN DRIVE

City State Zip Code
ADRIAN MI 49221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2007

Transaction ID: SA11A1.72250

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS RUTH A MERILLAT

Mailing Address 860 RICHLYN DRIVE

City State Zip Code
ADRIAN MI 49221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2007

Transaction ID: SA11A1.72251

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)	▶	5390.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS ZINA MICHAJLIGZENS

Mailing Address 330 WEST 56TH ST # 16A

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TELCORDIA TECHNOLOGIES ACCOUNT EXEC

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2007

Transaction ID: SA11A1.70783

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JEFFERY MILLER

Mailing Address 104 FRIARS COURT

City State Zip Code
WILLIAMSBURG VA 23185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.71135

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE O MINOR

Mailing Address 26 EAST POINT ROAD

City State Zip Code
ALBRIGHTSVILLE PA 18210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROHEM & HAAS CO RESEARCH MGR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2007

Transaction ID: SA11A1.70962

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS RUTH MIRAGLIA		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 1485 TURKEY TRAIL		Transaction ID: SA11A1.72730	
City State Zip Code INVERNESS IL 60006		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MR H BARRY MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 107 REMINGTON RD		Transaction ID: SA11A1.71066	
City State Zip Code PORT DEPOSIT MD 21904		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RISING SUN- MARYLAND REAL ESTATE BROKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MRS GWEN L MOORE		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2007	
Mailing Address 1213 CHRISTINE AVE		Transaction ID: SA11A1.71702	
City State Zip Code ANNISTON AL 36207		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HOMEMAKER HOMEMAKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR DON P MORGAN

Mailing Address 2 SILVERBERRY

City State Zip Code
LITTLETON CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer
FACTORY DIRECT SALES CONS-ULTAN

Occupation
SALESMAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.73411

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
TAMMY J NELSON

Mailing Address 8492 N MAPLE CT

City State Zip Code
ZEELAND MI 49464

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2007

Transaction ID: SA11A1.72297

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR JOHN NEPERMANN

Mailing Address 12N860 US HIGHWAY 20

City State Zip Code
ELGIN IL 60124

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2007

Transaction ID: SA11A1.72759

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR JOHN E NEWBY

Mailing Address 1131 OVERTON CT

City State Zip Code
NAPERVILLE IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEWLETT PACKARD PROGRAM MANAGER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.72798

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
MR JOHN Q NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.73755

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JOHN Q NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.73756

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR A J NITZ

Mailing Address 132 FARBROOK CIR

City State Zip Code
FRANKPORT NY 40601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF PHYSICAL THERAPIST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.71845

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City State Zip Code
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2007

Transaction ID: SA11A1.73732

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City State Zip Code
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2007

Transaction ID: SA11A1.73733

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR ELIOT K NYMEYER		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2007	
Mailing Address 25508 S KLEMME ROAD		Transaction ID: SA11A1.72781	
City State Zip Code CRETE IL 60417	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer INFO REQUESTED- NOT RECD	Occupation INFO REQUESTED- NOT RECD		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. MR CHARLES D O'DELL		Date of Receipt M M / D D / Y Y Y Y Y 01 / 26 / 2007	
Mailing Address 10803 CRIPPLEGATE RD		Transaction ID: SA11A1.71017	
City State Zip Code POTOMAC MD 20854	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. MR CHARLES D ODELL		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 10803 CRIPPLEGATE RD		Transaction ID: SA11A1.71019	
City State Zip Code POTOMAC MD 20854	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation SELF-HOMEBUILDER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR TOM L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City State Zip Code
ALPHARETTA GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AON CORPORATION ATTORNEY

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.71365

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
MR TOM L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City State Zip Code
ALPHARETTA GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AON CORPORATION ATTORNEY

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.71366

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR TOM L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City State Zip Code
ALPHARETTA GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AON CORPORATION ATTORNEY

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.71367

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	975.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City State Zip Code
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENGINEERED SYSTEMS ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.71360

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR MIKE PACK

Mailing Address 2741 DE LA BRIANDAIS CT

City State Zip Code
PINOLE CA 94564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER PERMANENTE PROGRAMMER/ANALYST

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.74020

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MRS VIOLA PANMAN

Mailing Address 1152 CALLE MARIA

City State Zip Code
SAN MARCOS CA 92069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.73772

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR BRIAN R PARKER		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 2514 MEADOW DR		Transaction ID: SA11A1.72298	
City ZEELAND	State MI	Zip Code 49464	Amount of Each Receipt this Period 480.00
FEC ID number of contributing federal political committee. C			
Name of Employer DONNELLY CORP	Occupation ENGINEER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. MRS CINDY L PERRILL		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 5976 EMIL CT		Transaction ID: SA11A1.72033	
City PLAINFIELD	State IN	Zip Code 46168	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer PEAFIELD PRODUCTS	Occupation PAYROLL AND HUMAN RES ADMN		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

Full Name (Last, First, Middle Initial) C. DR ROBERT PFLEDERER		Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2007	
Mailing Address 66 FOREST VIEW RD		Transaction ID: SA11A1.72833	
City MORTON	State IL	Zip Code 61550	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHYSICIAN RET		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1555.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
DR ROBERT PFLEDERER

Mailing Address 66 FOREST VIEW RD

City MORTON State IL Zip Code 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation PHYSICIAN RET

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2007

Transaction ID: SA11A1.72834

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MRS NANCY PHARRIS

Mailing Address 130 EL DORADO LANE

City ANAHEIM State CA Zip Code 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2007

Transaction ID: SA11A1.73896

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
MRS NANCY PHARRIS

Mailing Address 130 EL DORADO LANE

City ANAHEIM State CA Zip Code 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2007

Transaction ID: SA11A1.73897

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
KEITH PHILLIPS

Mailing Address 7713 N LUCERNE CT

City State Zip Code
KANSAS CITY MO 64151

FEC ID number of contributing federal political committee. **C**

Name of Employer
TOWN&COUNTRY MARKETING& SERV- Occupation
PRESIDENT/CEO

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.72926

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR GARY L PILGRIM

Mailing Address 121 MINE RD

City State Zip Code
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C**

Name of Employer
pilgrim baxter & assoc Occupation
investment advisor

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2007

Transaction ID: SA11A1.70971

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR ALLEN L PRICE

Mailing Address 1503 FLOYD DR

City State Zip Code
SAN ANGELO TX 76904

FEC ID number of contributing federal political committee. **C**

Name of Employer
SMITH- ROSE- ETAL Occupation
ATTORNEY

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2007

Transaction ID: SA11A1.73233

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MICHAEL A PRIMOROSE

Mailing Address 2020 ROSE CREEK BLVD S

City State Zip Code
FARGO ND 58104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FOOD SERVICES OF AMER MANAGEMENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.72664

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS ELSA D PRINCE

Mailing Address 1057 S SHORE DR

City State Zip Code
HOLLAND MI 49423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRINCE HOLDING LLC BUSINESS/HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2007

Transaction ID: SA11A1.72284

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR ANDREW F PUZDER

Mailing Address 570 MEADOW WOOD LN

City State Zip Code
MONTECITO CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2007

Transaction ID: SA11A1.73947

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ANN QUEST		Date of Receipt
Mailing Address 5609 URSULA LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code DALLAS TX 75229		<input type="text"/> 04 / <input type="text"/> 09 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.73188
Name of Employer Occupation INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼		<input type="text"/> 500.00

Full Name (Last, First, Middle Initial) B. MRS KATRINA HOFF RAUSCH		Date of Receipt
Mailing Address 210 DEMERS LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code POLSON MT 59860		<input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.72721
Name of Employer Occupation HOMEMAKER HOMEMAKER		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 200.00
Aggregate Year-to-Date ▼		<input type="text"/> 350.00

Full Name (Last, First, Middle Initial) C. MR DONALD B REECE		Date of Receipt
Mailing Address 74 BEXLEY CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code NORTH BARRINGTON IL 60010		<input type="text"/> 06 / <input type="text"/> 20 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.72734
Name of Employer Occupation NORTHWESTERN MUTUAL LIFE LIFE INSURANCE SALES		Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼		<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR CAROL M REESE

Mailing Address 2869 WEATHERSFIELD CT

City State Zip Code
CLEARWATER FL 33761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2007

Transaction ID: SA11A1.71611

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR ALFRED R REUTHER, JR

Mailing Address 81 LEWISTON RD

City State Zip Code
GROSSE POINTE FARM MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DETROIT MI FINANCIAL CONSULTANT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2007

Transaction ID: SA11A1.72165

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2007

Transaction ID: SA11A1.72835

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.72836

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.72837

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.72838

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2007

Transaction ID: SA11A1.72839

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR MIKE RISINGER

Mailing Address 421 E GREENWOOD

City State Zip Code
MORTON IL 61550

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation LAWYER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.72840

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW COURT

City State Zip Code
WEDDINGTON NC 28104

FEC ID number of contributing federal political committee. **C**

Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2007

Transaction ID: SA11A1.71247

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS ELIZABETH RONDEAU

Mailing Address 2711 NW WALDEN DR

City State Zip Code
CAMAS WA 98607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.74365

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS ELIZABETH RONDEAU

Mailing Address 2711 NW WALDEN DR

City State Zip Code
CAMAS WA 98607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.74366

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS KIMERA J SAUNDERS

Mailing Address 3150 AVENUE E

City State Zip Code
BILLINGS MT 59102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.72687

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) MRS TERESA A SCHAEFER		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 1003 WRIGHT ST		Transaction ID: SA11A1.72919	
City PLEASANT HILL	State MO	Zip Code 64080	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOECHST MARION ROUSSEL INC		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) MRS TERESA A SCHAEFER		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1003 WRIGHT ST		Transaction ID: SA11A1.72920	
City PLEASANT HILL	State MO	Zip Code 64080	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOECHST MARION ROUSSEL INC		Occupation INFO REQUESTED- NOT RECD	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) MRS MYRA K SCHIESLING		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address PO BOX 769		Transaction ID: SA11A1.74409	
City GLENNALLEN	State AK	Zip Code 99588	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
DAVE SCHMITT

Mailing Address 1460 SENECA RD NW

City State Zip Code
SWISHER IA 52338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVE SCHMITT CONST G INC. CONTRACTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2007

Transaction ID: SA11A1.72431

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City State Zip Code
PLYMOUTH MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHWESTERN COLLEGE CFO

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2007

Transaction ID: SA11A1.72593

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City State Zip Code
PLYMOUTH MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHWESTERN COLLEGE CFO

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.72594

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR THOMAS M SEAVER

Mailing Address 2886 EASTWOOD DRIVE

City State Zip Code
KIMBALL MI 48074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED TEACHER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.72132

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
WILLIAM M SHIRLEY

Mailing Address 13121 LOUETTA RD PMB 1055

City State Zip Code
CYPRESS TX 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WM SHIRLEY&ASSOCIATES PRESIDENT

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.73277

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR ABE SIEMENS

Mailing Address 47 PRINCETON DR

City State Zip Code
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2007

Transaction ID: SA11A1.73783

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR JONATHAN SISK

Mailing Address 2048 MERCER RD

City State Zip Code
LEXINGTON KY 40511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AUDIO AUTHORITY CORP SMALL BUSINESS OWNER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: SA11A1.71843

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR RANDALL SKOV

Mailing Address 115 TALL TIMBER COURT

City State Zip Code
FAYETTEVILLE GA 30215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US AIR FORCE WEATHER OFFICER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.71434

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR RANDALL SKOV

Mailing Address 115 TALL TIMBER COURT

City State Zip Code
FAYETTEVILLE GA 30215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US AIR FORCE WEATHER OFFICER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.71435

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR STEPHEN M SLIFKO, JR

Mailing Address 9143 COAL BANK RD

City MARSHALLVILLE State OH Zip Code 44645

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.71932

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MRS SYLVIA SLIFKO

Mailing Address 9143 COAL BANK RD

City MARSHALLVILLE State OH Zip Code 44645

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.71933

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
MR JOHN D SNIPES

Mailing Address 7257 MANOR OAKS DR

City RALEIGH State NC Zip Code 27615

FEC ID number of contributing federal political committee. **C**

Name of Employer INFO REQUESTED- NOT RECD Occupation INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: SA11A1.71221

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MS LONETTE SOLIS		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 1909 BUCKTHORN LANE		Transaction ID: SA11A1.71008
City RESTON	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NORTHROP GRUMMAN	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MS LONETTE SOLIS		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 1909 BUCKTHORN LANE		Transaction ID: SA11A1.71009
City RESTON	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NORTHROP GRUMMAN	Occupation ADMINISTRATIVE ASSISTANT	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR WAYNE SONCHAR		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 491 CHRISTINE DR		Transaction ID: SA11A1.73631
City LAS VEGAS	State NM	Zip Code 87701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BTU BUILDING MATERIALS INC	Occupation SELF EMPLOYED	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MS DIANE R SPRADLIN

Mailing Address 5636 ENCORE DRIVE

City State Zip Code
DALLAS TX 75240

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SEMI RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: SA11A1.73192

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code
SUNOL CA 94586

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2007

Transaction ID: SA11A1.74024

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR GRAHAM START

Mailing Address 1755 KILKARE RD

City State Zip Code
SUNOL CA 94586

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2007

Transaction ID: SA11A1.74022

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR GRAHAM START		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2007	
Mailing Address 1755 KILKARE RD		Transaction ID: SA11A1.74023	
City State Zip Code SUNOL CA 94586	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation SALES		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. MRS HELEN A STEFELY		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2007	
Mailing Address 941 S EUCLID AVENUE		Transaction ID: SA11A1.72760	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MRS HELEN A STEFELY		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 941 S EUCLID AVENUE		Transaction ID: SA11A1.72761	
City State Zip Code ELMHURST IL 60126	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS CAREEN H STRANGE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 4805 US HIGHWAY 19 S		Transaction ID: SA11A1.71495	
City ELLAVILLE	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 31806		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. MR GEORGE EDWARD SUITER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 2025 LAMBERT CT		Transaction ID: SA11A1.73156	
City PLANO	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 75075		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. MR GEORGE EDWARD SUITER		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 2025 LAMBERT CT		Transaction ID: SA11A1.73157	
City PLANO	State TX	Amount of Each Receipt this Period 200.00	
Zip Code 75075		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 700.00			

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City PLANO State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.73158

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. LARRY SUNDQUIST

Mailing Address PO BOX 958

City LYNNWOOD State WA Zip Code 98046

FEC ID number of contributing federal political committee. **C**

Name of Employer SUNDQUIST HOMES LLC Occupation OWNER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.74262

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR MARK SWISHER

Mailing Address 24902 N POINTE PLACE

City KATY State TX Zip Code 77494

FEC ID number of contributing federal political committee. **C**

Name of Employer AVIARA ENERGY CORP Occupation ENGINEER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.73285

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR MARK SWISHER		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 24902 N POINTE PLACE		Transaction ID: SA11A1.73286	
City State Zip Code KATY TX 77494		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AVIARA ENERGY CORP		Occupation ENGINEER	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DR JAMES P SYVRUD		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 8225 BRUTON RD		Transaction ID: SA11A1.73178	
City State Zip Code DALLAS TX 78217		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer OWNER		Occupation CHIROPRACTOR	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DR JAMES P SYVRUD		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2007	
Mailing Address 8225 BRUTON RD		Transaction ID: SA11A1.73179	
City State Zip Code DALLAS TX 78217		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer OWNER		Occupation CHIROPRACTOR	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code
DALLAS TX 78217

FEC ID number of contributing federal political committee. **C**

Name of Employer
OWNER

Occupation
CHIROPRACTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.73317

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR JAMES P SYVRUD

Mailing Address 8225 BRUTON RD

City State Zip Code
DALLAS TX 78217

FEC ID number of contributing federal political committee. **C**

Name of Employer
OWNER

Occupation
CHIROPRACTOR

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.73180

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS CAROL D TEODORO

Mailing Address 3008 E BAY DR NW

City State Zip Code
GIG HARBOR WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer
AUTOMATED SYSTEMS OF TACO-MA

Occupation
DON-ENGINEER CAROL-HOMEMAKER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.74326

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS KAYE K THOMPSON		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2007	
Mailing Address 9400 PEBBLE BEACH DR NE		Transaction ID: SA11A1.73629	
City State Zip Code ALBUQUERQUE NM 87111	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MICHAEL R THOMPSON DDS	Occupation FAMILY MANAGER/ADMIN		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MR JOHN W TIMMONS		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2007	
Mailing Address 1444 BETHEL CHURCH RD		Transaction ID: SA11A1.71126	
City State Zip Code ELKTON VA 22827	Amount of Each Receipt this Period 330.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ROCKINGHAM MEMORIAL HOSPITAL	Occupation PHYSICIAN		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. MR CLIFFORD F TRACY		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address 18747 SAN FELIPE ST		Transaction ID: SA11A1.73880	
City State Zip Code FOUNTAIN VALLEY CA 92708	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	880.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MR CLIFFORD F TRACY		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 18747 SAN FELIPE ST		Transaction ID: SA11A1.73881	
City State Zip Code FOUNTAIN VALLEY CA 92708		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. MR RICHARD TREAKLE		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2007	
Mailing Address 510 PINE LN		Transaction ID: SA11A1.73993	
City State Zip Code LOS ALTOS CA 94022		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MRS SUSAN L TURNER		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address 10 LONE PINE WAY		Transaction ID: SA11A1.73493	
City State Zip Code COLORADO SPRINGS CO 80919		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation INFO REQUESTED- NOT RECD INFO REQUESTED- NOT RECD			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
PHILIPPE G VALLERAND

Mailing Address 20716 121ST AVE SE

City State Zip Code
SNOHOMISH WA 98296

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2007

Transaction ID: SA11A1.74323

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR MICK VANDEN-BOSCH

Mailing Address 113 W SAINT ANDREWS DR

City State Zip Code
SIOUX FALLS SD 57108

FEC ID number of contributing federal political committee. **C**

Name of Employer
NORTH IOWA EYE CLINIC

Occupation
PHYSICIAN

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2007

Transaction ID: SA11A1.72656

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR GORDON M VANSINGEL

Mailing Address 3741 BAUER ROAD

City State Zip Code
JENISON MI 49428

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2007

Transaction ID: SA11A1.72292

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) MRS VICTORIA L VESTUTO Mailing Address 22926 FOXTAIL DR City KILDEER State IL Zip Code 60047 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007 Transaction ID: SA11A1.72740 Amount of Each Receipt this Period 500.00
Name of Employer: VESTATO APPLICATION CONSULTANT Occupation: SOFTWARE DEVELOPER Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) MR MARK A WALKOTTEN Mailing Address 3755 ACORN RIDGE CT NE City GRAND RAPIDS State MI Zip Code 49525 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007 Transaction ID: SA11A1.72310 Amount of Each Receipt this Period 500.00
Name of Employer: CROWE CHIZEK & CO Occupation: CPA Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) MR DAVID E WARD, JR Mailing Address PO BOX 329 City WIMAUMA State FL Zip Code 33598 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007 Transaction ID: SA11A1.71603 Amount of Each Receipt this Period 250.00
Name of Employer: CARDWALL FARMS Occupation: BUSINESSMAN/ATTORNEY Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MRS JEAN R WARD		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address PO BOX 251		Transaction ID: SA11A1.73781	
City State Zip Code PALM DESERT CA 92261		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HOMEMAKER HOMEMAKER			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MRS WALTER H WELD		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 29 MAIN ST		Transaction ID: SA11A1.70655	
City State Zip Code DOVER MA 02030		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MRS WARD A WHITEMAN		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2007	
Mailing Address 4007 NORWOOD		Transaction ID: SA11A1.73392	
City State Zip Code MIDLAND TX 79707		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BURLINGTON RESOURCES GEOLOGIST			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) MR TIM WINN		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 3325 CAMINO VALLAREAL		Transaction ID: SA11A1.73751	
City State Zip Code ESCONDIDO CA 92029		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SELF TRUSTEE			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) MR DEREK M WOODS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 2910 VILLA CT		Transaction ID: SA11A1.72441	
City State Zip Code BETTENDORF LA 52722		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CROWN CONSULTING- LLC SELF-EMPLOYED			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) MR E M WOODYCLARK		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address PO BOX 1306		Transaction ID: SA11A1.74255	
City State Zip Code PENDLETON OR 97801		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation WOODPECKER TRUCK TRUCK SALES			
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MR E M WOODYCLARK

Mailing Address PO BOX 1306

City State Zip Code
PENDLETON OR 97801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WOODPECKER TRUCK TRUCK SALES

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.74256

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City State Zip Code
ROCHESTER NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 16 / 2007

Transaction ID: SA11A1.70857

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City State Zip Code
ROCHESTER NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.70858

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City ROCHESTER State NY Zip Code 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.70859

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS MARGARET C YELVERTON

Mailing Address 26 MYRTLE ISLAND CR

City BLUFFTON State SC Zip Code 29910

FEC ID number of contributing federal political committee. **C**

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.71355

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City SIGNAL MOUNTAIN State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHERN CHAMPION TRAY CO Occupation CHAIRMAN OF THE BOARD

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 28 / 2007

Transaction ID: SA11A1.71748

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 99 / 171	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
MRS ELSIE ZUERCHER

Mailing Address 1556 SW SANTA FE LAKE ROAD

City State Zip Code
TOWANDA KS 67144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOUSEWORK PREVITE HOMES HOUSEKEEPER

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: SA11A1.72987

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	195690.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 171
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74696
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2291.60
Name of Employer Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2291.60

Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2031.43
Name of Employer Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4323.03

Full Name (Last, First, Middle Initial) BB&T Mailing Address P.O. Box 580363		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
City State Zip Code Charlotte NC 28258		Transaction ID: SA17.74699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2180.66
Name of Employer Occupation		INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6503.69

SUBTOTAL of Receipts This Page (optional) ▶	6503.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 171
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. BB&T		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address P.O. Box 580363		Transaction ID: SA17.74701	
City Charlotte	State NC	Zip Code 28258	Amount of Each Receipt this Period 2018.05
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8521.74		

Full Name (Last, First, Middle Initial) B. BB&T		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address P.O. Box 580363		Transaction ID: SA17.74703	
City Charlotte	State NC	Zip Code 28258	Amount of Each Receipt this Period 2020.29
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10542.03		

Full Name (Last, First, Middle Initial) C. BB&T		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2007	
Mailing Address P.O. Box 580363		Transaction ID: SA17.74706	
City Charlotte	State NC	Zip Code 28258	Amount of Each Receipt this Period 168.58
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10710.61		

SUBTOTAL of Receipts This Page (optional) ▶	4206.92
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 171
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. BB&T		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address P.O. Box 580363		Transaction ID: SA17.74707	
City State Zip Code Charlotte NC 28258	Amount of Each Receipt this Period 2151.74		
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 12862.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Suntrust		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2007	
Mailing Address P.O. Box 622227		Transaction ID: SA17.74695	
City State Zip Code Orlando FL 32862	Amount of Each Receipt this Period 411.42		
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 411.42		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Suntrust		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2007	
Mailing Address P.O. Box 622227		Transaction ID: SA17.74697	
City State Zip Code Orlando FL 32862	Amount of Each Receipt this Period 396.29		
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 807.71		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2959.45
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 171
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Suntrust		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address P.O. Box 622227		Transaction ID: SA17.74700	
City Orlando	State FL	Zip Code 32862	Amount of Each Receipt this Period 340.28
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1147.99		

Full Name (Last, First, Middle Initial) B. Suntrust		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address P.O. Box 622227		Transaction ID: SA17.74702	
City Orlando	State FL	Zip Code 32862	Amount of Each Receipt this Period 377.50
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1525.49		

Full Name (Last, First, Middle Initial) C. Suntrust		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address P.O. Box 622227		Transaction ID: SA17.74704	
City Orlando	State FL	Zip Code 32862	Amount of Each Receipt this Period 361.32
FEC ID number of contributing federal political committee. C		INTEREST INCOME	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1886.81		

SUBTOTAL of Receipts This Page (optional) ▶	1079.10
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 104 / 171	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial)
Suntrust

Mailing Address P.O. Box 622227

City State Zip Code
Orlando FL 32862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1887.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

Transaction ID: SA17.74705

Amount of Each Receipt this Period
0.51

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	▶	0.51
TOTAL This Period (last page this line number only)	▶	14749.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 105 / 171

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74450 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement Bank Fees	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="472.29"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74451 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement Credit Card Processing Fees	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="27.38"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74453 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement Credit Card Processing	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="81.55"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="581.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 171

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74454 Date of Disbursement																					
Mailing Address 1800 ROBERT FULTON DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	5		2	0	7															
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING FEES		<input type="checkbox"/>	<input type="text" value="529.52"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74456 Date of Disbursement																					
Mailing Address 1800 ROBERT FULTON DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	7															
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING FEES		<input type="checkbox"/>	<input type="text" value="63.53"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74457 Date of Disbursement																					
Mailing Address 1800 ROBERT FULTON DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	7															
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING		<input type="checkbox"/>	<input type="text" value="72.30"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="665.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74478	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 51.80
Purpose of Disbursement CHECKS AND DEPOSIT TICKETS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74459	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 56.69
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74461	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 0.58
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	109.07
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74463	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 13.16
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74464	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 257.65
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74465	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 13.00
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	283.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74467 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="0.95"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74468 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="6.01"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74470 Date of Disbursement
Mailing Address 1800 ROBERT FULTON DRIVE		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="294.03"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="300.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74471	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement 06 / 19 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 1.63
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74472	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement 06 / 25 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 3.25
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ACCESS BANK		Transaction ID: SB21B.74473	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement 06 / 25 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 1.63
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6.51
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ACCESS BANK		Transaction ID: SB21B.74474	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement 06 / 26 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 3.74
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ACCESS BANK		Transaction ID: SB21B.74475	
Mailing Address 1800 ROBERT FULTON DRIVE		Date of Disbursement 06 / 30 / 2007	
City RESTON	State VA	Zip Code 20191	Amount of Each Disbursement this Period 973.36
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ADVANCED DIGITAL SOLUTIONS		Transaction ID: SB21B.74553	
Mailing Address 10680 Main Street		Date of Disbursement 03 / 26 / 2007	
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 2250.00
Purpose of Disbursement COMPUTER SUPPORT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

3227.10

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. ADVANCED DIGITAL SOLUTIONS		Transaction ID: SB21B.74614
Mailing Address 10680 Main Street		Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
City Fairfax	State VA	Amount of Each Disbursement this Period 1125.00
Zip Code 22030		
Purpose of Disbursement COMPUTER SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN VALUES		Transaction ID: SB21B.74527
Mailing Address 2800 Shirlington Road Suite 950		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007
City Arlington	State VA	Amount of Each Disbursement this Period 735.10
Zip Code 22206		
Purpose of Disbursement PAC - LIST RENTAL FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Gary Bauer		Transaction ID: SB21B.74481
Mailing Address 2800 Shirlington Road		Date of Disbursement MM / DD / YYYY 01 / 07 / 2007
City Arlington	State VA	Amount of Each Disbursement this Period 28800.00
Zip Code 22206		
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	30660.10
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Gary Bauer		Transaction ID: SB21B.74511	
Mailing Address 2800 Shirlington Road		Date of Disbursement 01 / 29 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8800.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gary Bauer		Transaction ID: SB21B.74539	
Mailing Address 2800 Shirlington Road		Date of Disbursement 02 / 27 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8000.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gary Bauer		Transaction ID: SB21B.74560	
Mailing Address 2800 Shirlington Road		Date of Disbursement 03 / 26 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8000.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	24800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Gary Bauer		Transaction ID: SB21B.74586	
Mailing Address 2800 Shirlington Road		Date of Disbursement MM / DD / YYYY 04 / 27 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8000.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gary Bauer		Transaction ID: SB21B.74609	
Mailing Address 2800 Shirlington Road		Date of Disbursement MM / DD / YYYY 05 / 24 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8000.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gary Bauer		Transaction ID: SB21B.74627	
Mailing Address 2800 Shirlington Road		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 8000.00
Purpose of Disbursement CONSULTING - POLITICAL FUNDRAISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	24000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 / 171

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB21B.74446 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 95.41	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement Bank Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB21B.74462 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 5.00	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement CREDIT CARD PROCESSING			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB21B.74447 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 88.97	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement Bank Fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	189.38
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB21B.74466 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 5.00
City Charlotte State NC Zip Code 28258	Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB21B.74448 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 101.40
City Charlotte State NC Zip Code 28258	Purpose of Disbursement Bank Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB21B.74458 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 5.00
City Charlotte State NC Zip Code 28258	Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	111.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB21B.74469 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 5.00	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement CREDIT CARD PROCESSING FEES			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB21B.74551 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 6826.53	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement FEDERAL TAXES			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB21B.74449 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 580363		Amount of Each Disbursement this Period 89.35	
City Charlotte	State NC	Zip Code 28258	Category/ Type
Purpose of Disbursement Bank Fees			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6920.88
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. CAPITOL ADVANTAGE		Transaction ID: SB21B.74646 Date of Disbursement
Mailing Address P.O. 1223		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement DUES AND SUBSCRIPTIONS		<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Amount of Each Disbursement this Period <input type="text" value=""/> <input type="text" value=""/> 1500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL ADVANTAGE		Transaction ID: SB21B.74652 Date of Disbursement
Mailing Address P.O. 1223		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement DUES AND SUBSCRIPTIONS		<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Amount of Each Disbursement this Period <input type="text" value=""/> <input type="text" value=""/> 1500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL ADVANTAGE		Transaction ID: SB21B.74668 Date of Disbursement
Mailing Address P.O. 1223		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement DUES AND SUBSCRIPTIONS		<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Amount of Each Disbursement this Period <input type="text" value=""/> <input type="text" value=""/> 1500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value=""/> <input type="text" value=""/> 4500.00
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. COVAD COMMUNICATIONS		Transaction ID: SB21B.74540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address P.O. BOX 39000		Amount of Each Disbursement this Period 102.47
City SAN FRANCISCO State CA Zip Code 94139-0001		
Purpose of Disbursement COMPUTER SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COVAD COMMUNICATIONS		Transaction ID: SB21B.74568 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. BOX 39000		Amount of Each Disbursement this Period 102.48
City SAN FRANCISCO State CA Zip Code 94139-0001		
Purpose of Disbursement COMPUTER SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COVAD COMMUNICATIONS		Transaction ID: SB21B.74588 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address P.O. BOX 39000		Amount of Each Disbursement this Period 102.47
City SAN FRANCISCO State CA Zip Code 94139-0001		
Purpose of Disbursement COMPUTER SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	307.42
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. COVAD COMMUNICATIONS		Transaction ID: SB21B.74615 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address P.O. BOX 39000		Amount of Each Disbursement this Period 102.48
City SAN FRANCISCO State CA Zip Code 94139-0001		
Purpose of Disbursement COMPUTER SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COVAD COMMUNICATIONS		Transaction ID: SB21B.74632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. BOX 39000		Amount of Each Disbursement this Period 102.47
City SAN FRANCISCO State CA Zip Code 94139-0001		
Purpose of Disbursement COMPUTER SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COVINGTON & BURLING		Transaction ID: SB21B.74508 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 1201 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 827.50
City Washington State DC Zip Code 20044		
Purpose of Disbursement PAC - LEGAL FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1032.45
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. COVINGTON & BURLING		Transaction ID: SB21B.74623 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 1201 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 280.00
City Washington State DC Zip Code 20044	Purpose of Disbursement PAC - LEGAL FEES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CT Corporation		Transaction ID: SB21B.74516 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 4349		Amount of Each Disbursement this Period 320.00
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement REGISTERED AGENT FEE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DC Treasurer		Transaction ID: SB21B.74552 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 7862		Amount of Each Disbursement this Period 2229.00
City Washington State DC Zip Code 20044	Purpose of Disbursement DISTRICT TAXES	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2829.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. DEER PARK		Transaction ID: SB21B.74633	
Mailing Address P.O. Box 52271		Date of Disbursement 06 / 26 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 24.55
Purpose of Disbursement OFFICE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. FRC		Transaction ID: SB21B.74531	
Mailing Address 801 G STREET		Date of Disbursement 02 / 16 / 2007	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement MEETING ROOM RENTAL EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. FRC		Transaction ID: SB21B.74571	
Mailing Address 801 G STREET		Date of Disbursement 04 / 11 / 2007	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement MEETING ROOM RENTAL EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	424.55
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. FRC Full Name (Last, First, Middle Initial) Mailing Address 801 G STREET City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement MEETING ROOM RENTAL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74625 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7 Amount of Each Disbursement this Period: 200.00 Category/Type
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B. HELLER INFORMATION SERVICES Full Name (Last, First, Middle Initial) Mailing Address 12450 Parklawn Drive City Rockville State MD Zip Code 20852 Purpose of Disbursement WEB HOSTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74580 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period: 540.00 Category/Type
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C. INKWELL, INC Full Name (Last, First, Middle Initial) Mailing Address 1973 COUNTY ROAD C2 WEST City ROSEVILLE State MN Zip Code 55113 Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74637 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period: 2532.94 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3272.94
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. INKWELL, INC		Transaction ID: SB21B.74640	
Mailing Address 1973 COUNTY ROAD C2 WEST		Date of Disbursement 03 / 13 / 2007	
City ROSEVILLE	State MN	Zip Code 55113	Amount of Each Disbursement this Period 1820.83
Purpose of Disbursement PAC - DIRECT MAIL POSTAGE		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. INKWELL, INC		Transaction ID: SB21B.74659	
Mailing Address 1973 COUNTY ROAD C2 WEST		Date of Disbursement 04 / 25 / 2007	
City ROSEVILLE	State MN	Zip Code 55113	Amount of Each Disbursement this Period 3234.00
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INKWELL, INC		Transaction ID: SB21B.74662	
Mailing Address 1973 COUNTY ROAD C2 WEST		Date of Disbursement 04 / 27 / 2007	
City ROSEVILLE	State MN	Zip Code 55113	Amount of Each Disbursement this Period 3217.89
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8272.72
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. INTEGRAM		Transaction ID: SB21B.74665	
Mailing Address 8421 Hilltop Road		Date of Disbursement MM / DD / YYYY 06 / 04 / 2007	
City Fairfax	State VA	Zip Code 22031	Amount of Each Disbursement this Period 2858.00
Purpose of Disbursement PAC - DIRECT MAIL POSTAGE		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. INTEGRAM		Transaction ID: SB21B.74670	
Mailing Address 8421 Hilltop Road		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007	
City Fairfax	State VA	Zip Code 22031	Amount of Each Disbursement this Period 3212.89
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. J and J Printing		Transaction ID: SB21B.74524	
Mailing Address 5540 Port Royal Road		Date of Disbursement MM / DD / YYYY 02 / 08 / 2007	
City Springfield	State VA	Zip Code 22151	Amount of Each Disbursement this Period 624.62
Purpose of Disbursement PAC - GENERAL OFFICE SUPPLIES		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6695.51
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. LEXIS NEXIS		Transaction ID: SB21B.74492 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LEXIS NEXIS		Transaction ID: SB21B.74532 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LEXIS NEXIS		Transaction ID: SB21B.74561 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. LEXIS NEXIS		Transaction ID: SB21B.74572 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LEXIS NEXIS		Transaction ID: SB21B.74593 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LEXIS NEXIS		Transaction ID: SB21B.74628 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement DUES AND SUBSCRIPTIONS	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. LEXIS NEXIS		Transaction ID: SB21B.74634 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 350.00
City Philadelphia State PA Zip Code 19170	Category/ Type	
Purpose of Disbursement DUES AND SUBSCRIPTIONS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPS		Transaction ID: SB21B.74493 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. BOX 2325		Amount of Each Disbursement this Period 309.20
City FAIRFAX State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement PAC - DATA PROCESSING SERVICES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPS		Transaction ID: SB21B.74512 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address P.O. BOX 2325		Amount of Each Disbursement this Period 750.73
City FAIRFAX State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement PAC - DATA PROCESSING SERVICES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1409.93
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74520 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period: 164.49 Category/Type
---	--	--

B. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74533 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period: 360.25 Category/Type
---	--	--

C. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74546 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period: 395.44 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	920.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. LPS		Transaction ID: SB21B.74562 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. BOX 2325		Amount of Each Disbursement this Period 207.01
City FAIRFAX State VA Zip Code 22031		
Purpose of Disbursement PAC - DATA PROCESSING SERVICES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LPS		Transaction ID: SB21B.74573 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. BOX 2325		Amount of Each Disbursement this Period 709.42
City FAIRFAX State VA Zip Code 22031		
Purpose of Disbursement PAC - DATA PROCESSING SERVICES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LPS		Transaction ID: SB21B.74594 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address P.O. BOX 2325		Amount of Each Disbursement this Period 450.16
City FAIRFAX State VA Zip Code 22031		
Purpose of Disbursement PAC - DATA PROCESSING SERVICES	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1366.59
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74610 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period 106.00 Category/Type
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B. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74618 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 Category/Type
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C. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74629 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7 Amount of Each Disbursement this Period 486.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶

617.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. LPS Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC - DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74635 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 372.77 Category/Type
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B. MGP Shirlington Gateway Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 201630 City Dallas State TX Zip Code 75320 Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74484 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 2278.36 Category/Type
--	--	---

C. MGP Shirlington Gateway Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 201630 City Dallas State TX Zip Code 75320 Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.74504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 2278.36 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	4929.49
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MGP Shirlington Gateway		Transaction ID: SB21B.74536 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2278.36
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MGP Shirlington Gateway		Transaction ID: SB21B.74555 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 1870.68
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MGP Shirlington Gateway		Transaction ID: SB21B.74583 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2278.36
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6427.40
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MGP Shirlington Gateway		Transaction ID: SB21B.74587 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 657.52	
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MGP Shirlington Gateway		Transaction ID: SB21B.74605 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2382.89	
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MGP Shirlington Gateway		Transaction ID: SB21B.74620 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address P.O. Box 201630		Amount of Each Disbursement this Period 2382.89	
City Dallas State TX Zip Code 75320	Purpose of Disbursement RENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5423.30
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MILLERS OFFICE SUPPLY		Transaction ID: SB21B.74521 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 990098		Amount of Each Disbursement this Period 9.96
City Hartford State CT Zip Code 06199	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. MILLERS OFFICE SUPPLY		Transaction ID: SB21B.74547 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 990098		Amount of Each Disbursement this Period 61.06
City Hartford State CT Zip Code 06199	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. MILLERS OFFICE SUPPLY		Transaction ID: SB21B.74574 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 990098		Amount of Each Disbursement this Period 60.27
City Hartford State CT Zip Code 06199	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	131.29
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. MILLERS OFFICE SUPPLY		Transaction ID: SB21B.74611	
Mailing Address P.O. Box 990098		Date of Disbursement 05 / 24 / 2007	
City Hartford	State CT	Zip Code 06199	Amount of Each Disbursement this Period 57.00
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bill Moeller		Transaction ID: SB21B.74485	
Mailing Address 2800 Shirlington Road #930		Date of Disbursement 01 / 02 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 2150.00
Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bill Moeller		Transaction ID: SB21B.74505	
Mailing Address 2800 Shirlington Road #930		Date of Disbursement 01 / 29 / 2007	
City Arlington	State VA	Zip Code 22206	Amount of Each Disbursement this Period 2450.00
Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4657.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Bill Moeller		Transaction ID: SB21B.74537 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2300.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bill Moeller		Transaction ID: SB21B.74557 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2300.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bill Moeller		Transaction ID: SB21B.74564 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 20.31
City Arlington State VA Zip Code 22206	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4620.31
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Bill Moeller		Transaction ID: SB21B.74584 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2300.00
City Arlington State VA Zip Code 22206	Category/ Type	
Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bill Moeller		Transaction ID: SB21B.74602 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 6.79
City Arlington State VA Zip Code 22206	Category/ Type	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bill Moeller		Transaction ID: SB21B.74607 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2300.00
City Arlington State VA Zip Code 22206	Category/ Type	
Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4606.79
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Bill Moeller		Transaction ID: SB21B.74622 Date of Disbursement 06 / 25 / 2007	
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2300.00	
City Arlington State VA Zip Code 22206	Purpose of Disbursement CONSULTING - POLITICAL RESEARCHER	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. NATIONAL JOURNAL		Transaction ID: SB21B.74642 Date of Disbursement 01 / 17 / 2007	
Mailing Address 1501 M Street, NW		Amount of Each Disbursement this Period 1597.50	
City Washington State DC Zip Code 20005	Purpose of Disbursement DUES AND SUBSCRIPTIONS	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. NATIONAL JOURNAL		Transaction ID: SB21B.74672 Date of Disbursement 06 / 25 / 2007	
Mailing Address 1501 M Street, NW		Amount of Each Disbursement this Period 1645.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement DUES AND SUBSCRIPTIONS	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	5542.50
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. PERSONALIZED MARKETING SERV		Transaction ID: SB21B.74638 Date of Disbursement 01 / 17 / 2007	
Mailing Address 85 Air Park Drive		Amount of Each Disbursement this Period 2359.42	
City Lynchburg	State VA	Zip Code 24502	Category/Type
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. PERSONALIZED MARKETING SERV		Transaction ID: SB21B.74645 Date of Disbursement 01 / 17 / 2007	
Mailing Address 85 Air Park Drive		Amount of Each Disbursement this Period 3440.20	
City Lynchburg	State VA	Zip Code 24502	Category/Type
Purpose of Disbursement PAC - DIRECT MAIL POSTAGE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. PERSONALIZED MARKETING SERV		Transaction ID: SB21B.74654 Date of Disbursement 03 / 26 / 2007	
Mailing Address 85 Air Park Drive		Amount of Each Disbursement this Period 4414.56	
City Lynchburg	State VA	Zip Code 24502	Category/Type
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	10214.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. RECORDS MGMT INC		Transaction ID: SB21B.74490 Date of Disbursement																					
Mailing Address 7726 Southern Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	7		2	0	0	7														
City Springfield	State VA	Zip Code 22150	Amount of Each Disbursement this Period																				
Purpose of Disbursement STORAGE FEES		Category/ Type	290.72																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. RECORDS MGMT INC		Transaction ID: SB21B.74528 Date of Disbursement																					
Mailing Address 7726 Southern Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	7														
City Springfield	State VA	Zip Code 22150	Amount of Each Disbursement this Period																				
Purpose of Disbursement STORAGE FEES		Category/ Type	188.16																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. RECORDS MGMT INC		Transaction ID: SB21B.74556 Date of Disbursement																					
Mailing Address 7726 Southern Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		2	0	0	7														
City Springfield	State VA	Zip Code 22150	Amount of Each Disbursement this Period																				
Purpose of Disbursement STORAGE FEES		Category/ Type	188.16																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	667.04
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. RECORDS MGMT INC		Transaction ID: SB21B.74578																					
Mailing Address 7726 Southern Drive		Date of Disbursement																					
City Springfield State VA Zip Code 22150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	4		2	0	7															
Purpose of Disbursement STORAGE FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">188.16</td> </tr> </table>		188.16																			
188.16																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. RECORDS MGMT INC		Transaction ID: SB21B.74606																					
Mailing Address 7726 Southern Drive		Date of Disbursement																					
City Springfield State VA Zip Code 22150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	7															
Purpose of Disbursement STORAGE FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">191.08</td> </tr> </table>		191.08																			
191.08																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. RECORDS MGMT INC		Transaction ID: SB21B.74621																					
Mailing Address 7726 Southern Drive		Date of Disbursement																					
City Springfield State VA Zip Code 22150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	5		2	0	7															
Purpose of Disbursement STORAGE FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">191.08</td> </tr> </table>		191.08																			
191.08																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>570.32</td></tr></table>	570.32
570.32			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. SHANNON ROYCE		Transaction ID: SB21B.74603 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 419 LINCOLN AVE		Amount of Each Disbursement this Period 980.65
City FALLS CHURCH State VA Zip Code 22046	Category/ Type	
Purpose of Disbursement MEETING ROOM EXPENSE REIMBURSEMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DAVID SALKELD		Transaction ID: SB21B.74678 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 2916 STUART DRIVE		Amount of Each Disbursement this Period 500.00
City FALLS CHURCH State VA Zip Code 22042	Category/ Type	
Purpose of Disbursement MEDIA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DAVID SALKELD		Transaction ID: SB21B.74679 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 2916 STUART DRIVE		Amount of Each Disbursement this Period 1000.00
City FALLS CHURCH State VA Zip Code 22042	Category/ Type	
Purpose of Disbursement MEDIA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2480.65
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. CATHERINE SNOW		Transaction ID: SB21B.74526 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 2800 SHIRLINGTON RD #930		Amount of Each Disbursement this Period 862.36
City ARLINGTON State VA Zip Code 22206		
Purpose of Disbursement REIMBURSE FOR MEETING MEAL EXPENSE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CATHERINE SNOW		Transaction ID: SB21B.74567 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2800 SHIRLINGTON RD #930		Amount of Each Disbursement this Period 968.38
City ARLINGTON State VA Zip Code 22206		
Purpose of Disbursement MEETING MEAL EXPENSE REIMBURSEMENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CATHERINE SNOW		Transaction ID: SB21B.74619 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 2800 SHIRLINGTON RD #930		Amount of Each Disbursement this Period 387.55
City ARLINGTON State VA Zip Code 22206		
Purpose of Disbursement MEETING MEAL EXPENSE REIMBURSEMENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2218.29
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. THE HARTFORD		Transaction ID: SB21B.74598
Mailing Address P.O. Box 659519		Date of Disbursement MM / DD / YYYY 05 / 08 / 2007
City San Antonio	State TX	Zip Code 78265
Purpose of Disbursement LIABILITY INSURANCE	Amount of Each Disbursement this Period 2346.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THE LUKENS COMPANY'		Transaction ID: SB21B.74683
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING	Amount of Each Disbursement this Period 711.98	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE LUKENS COMPANY'		Transaction ID: SB21B.74684
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC- DIRECT MAIL CONSULTING	Amount of Each Disbursement this Period 1600.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4657.98
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. THE LUKENS COMPANY'		Transaction ID: SB21B.74687 Date of Disbursement
Mailing Address 2800 Shirlington Road 9th Floor		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING		Amount of Each Disbursement this Period <input type="text" value="2400.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. THE LUKENS COMPANY'		Transaction ID: SB21B.74690 Date of Disbursement
Mailing Address 2800 Shirlington Road 9th Floor		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING		Amount of Each Disbursement this Period <input type="text" value="2600.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. THE LUKENS COMPANY'		Transaction ID: SB21B.74691 Date of Disbursement
Mailing Address 2800 Shirlington Road 9th Floor		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING		Amount of Each Disbursement this Period <input type="text" value="2600.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. THE LUKENS COMPANY'		Transaction ID: SB21B.74693
Mailing Address 2800 Shirlington Road 9th Floor		Date of Disbursement 06 / 25 / 2007
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING		Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US POSTMASTER		Transaction ID: SB21B.74476
Mailing Address Main Post Office		Date of Disbursement 01 / 05 / 2007
City Washington	State DC	Zip Code 20000
Purpose of Disbursement PAC - REIMBURSE BRE ACCT		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US POSTMASTER		Transaction ID: SB21B.74477
Mailing Address Main Post Office		Date of Disbursement 01 / 26 / 2007
City Washington	State DC	Zip Code 20000
Purpose of Disbursement PAC - PO BOX FEES		Amount of Each Disbursement this Period 868.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3868.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. US POSTMASTER		Transaction ID: SB21B.74522
Mailing Address Main Post Office		Date of Disbursement MM / DD / YYYY 02 / 08 / 2007
City Washington	State DC	Amount of Each Disbursement this Period <input type="text" value="780.00"/>
Zip Code 20000		
Purpose of Disbursement PAC - GENERAL OFFICE POSTAGE		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US POSTMASTER		Transaction ID: SB21B.74479
Mailing Address Main Post Office		Date of Disbursement MM / DD / YYYY 05 / 07 / 2007
City Washington	State DC	Amount of Each Disbursement this Period <input type="text" value="660.00"/>
Zip Code 20000		
Purpose of Disbursement PAC - BRE ACCOUNT FEES		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US POSTMASTER		Transaction ID: SB21B.74601
Mailing Address Main Post Office		Date of Disbursement MM / DD / YYYY 05 / 10 / 2007
City Washington	State DC	Amount of Each Disbursement this Period <input type="text" value="30.00"/>
Zip Code 20000		
Purpose of Disbursement PAC - GENERAL OFFICE POSTAGE		Category/ Type <input type="text"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1470.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. US POSTMASTER		Transaction ID: SB21B.74480 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address Main Post Office		Amount of Each Disbursement this Period 500.00
City Washington	State Zip Code DC 20000	
Purpose of Disbursement PAC - REPLENISH BRE ACCOUNT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Dorie Velezis		Transaction ID: SB21B.74486 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington	State Zip Code VA 22206	
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Dorie Velezis		Transaction ID: SB21B.74510 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington	State Zip Code VA 22206	
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Dorie Velezis		Transaction ID: SB21B.74538 Date of Disbursement 02 / 27 / 2007
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Dorie Velezis		Transaction ID: SB21B.74558 Date of Disbursement 03 / 26 / 2007
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Dorie Velezis		Transaction ID: SB21B.74585 Date of Disbursement 04 / 27 / 2007
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Dorie Velezis		Transaction ID: SB21B.74608 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Dorie Velezis		Transaction ID: SB21B.74624 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 2800 Shirlington Road #930		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: SB21B.74498 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 397.04
City Baltimore State MD Zip Code 21297	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4397.04
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: SB21B.74535	
Mailing Address P.O. Box 17577		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007	
City Baltimore	State MD	Zip Code 21297	Amount of Each Disbursement this Period 404.78
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.74563	
Mailing Address P.O. Box 17577		Date of Disbursement MM / DD / YYYY 03 / 26 / 2007	
City Baltimore	State MD	Zip Code 21297	Amount of Each Disbursement this Period 387.44
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: SB21B.74582	
Mailing Address P.O. Box 17577		Date of Disbursement MM / DD / YYYY 04 / 24 / 2007	
City Baltimore	State MD	Zip Code 21297	Amount of Each Disbursement this Period 398.46
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1190.68
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: SB21B.74613	
Mailing Address P.O. Box 17577		Date of Disbursement 05 / 24 / 2007	
City Baltimore	State MD	Zip Code 21297	Amount of Each Disbursement this Period 395.36
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB21B.74631	
Mailing Address P.O. Box 17577		Date of Disbursement 06 / 25 / 2007	
City Baltimore	State MD	Zip Code 21297	Amount of Each Disbursement this Period 389.23
Purpose of Disbursement TELEPHONE EXPENSE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dean Virag		Transaction ID: SB21B.74487	
Mailing Address 14039 Westwind Lane		Date of Disbursement 01 / 02 / 2007	
City Culpeper	State VA	Zip Code 22701	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement WEBSITE SUPPORT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1134.59
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Dean Virag		Transaction ID: SB21B.74517 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00
City Culpeper State VA Zip Code 22701	Purpose of Disbursement WEBSITE SUPPORT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Dean Virag		Transaction ID: SB21B.74544 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00
City Culpeper State VA Zip Code 22701	Purpose of Disbursement WEBSITE SUPPORT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Dean Virag		Transaction ID: SB21B.74569 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 14039 Westwind Lane		Amount of Each Disbursement this Period 350.00
City Culpeper State VA Zip Code 22701	Purpose of Disbursement WEBSITE SUPPORT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. Dean Virag		Transaction ID: SB21B.74589
Mailing Address 14039 Westwind Lane		Date of Disbursement MM / DD / YYYY 05 / 08 / 2007
City Culpeper	State VA	Zip Code 22701
Purpose of Disbursement WEBSITE SUPPORT	Amount of Each Disbursement this Period 350.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Dean Virag		Transaction ID: SB21B.74616
Mailing Address 14039 Westwind Lane		Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
City Culpeper	State VA	Zip Code 22701
Purpose of Disbursement WEBSITE SUPPORT	Amount of Each Disbursement this Period 350.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74641
Mailing Address 4128 PEPSI PLACE		Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Amount of Each Disbursement this Period 467.76	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1167.76
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74648 Date of Disbursement
Mailing Address 4128 PEPSI PLACE		<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	<input type="text" value="584.47"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74650 Date of Disbursement
Mailing Address 4128 PEPSI PLACE		<input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	<input type="text" value="500.52"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74656 Date of Disbursement
Mailing Address 4128 PEPSI PLACE		<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	<input type="text" value="780.58"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1865.57"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74660
Mailing Address 4128 PEPSI PLACE		Date of Disbursement MM / DD / YYYY 04 / 24 / 2007
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Amount of Each Disbursement this Period 545.65	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74666
Mailing Address 4128 PEPSI PLACE		Date of Disbursement MM / DD / YYYY 05 / 24 / 2007
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Amount of Each Disbursement this Period 860.18	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WASHINGTON INTELLIGENCE BUREAU		Transaction ID: SB21B.74674
Mailing Address 4128 PEPSI PLACE		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
City CHANTILLY	State VA	Zip Code 20151
Purpose of Disbursement PAC - CAGING AND DATA ENTRY	Amount of Each Disbursement this Period 841.61	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2247.44
TOTAL This Period (last page this line number only)	219241.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. COBURN FOR SENATE 2010		Transaction ID: SB23.74502 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address POST OFFICE BOX 977		Amount of Each Disbursement this Period 1000.00
City MUSKOGEE State OK Zip Code 74402	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name COBURN FOR SENATE 2010		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COMMITTEE TO REELECT ROHRBACHER		Transaction ID: SB23.74541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address PO BOX 823		Amount of Each Disbursement this Period 250.00
City HUNTINGTON BEACH State CA Zip Code 92648	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name COMMITTEE TO REELECT ROHRBACHER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 46	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM INHOFE COMMITTEE		Transaction ID: SB23.74600 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO BOX 13300		Amount of Each Disbursement this Period 1000.00
City OKLAHOMA CITY State OK Zip Code 73113	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name FRIENDS OF JIM INHOFE COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Campaign for Working Families

Full Name (Last, First, Middle Initial) A. KEITH BUTLER FOR US SENATE		Transaction ID: SB23.74576 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 19785 W 12 MILE RD STE 637		Amount of Each Disbursement this Period 5000.00
City SOUTHFIELD State MI Zip Code 48076	Category/ Type	
Purpose of Disbursement Debt Retirement Contribution		
Candidate Name KEITH BUTLER FOR US SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WALBERG FOR CONGRESS		Transaction ID: SB23.74515 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 6769 Teachout Road		Amount of Each Disbursement this Period 5000.00
City Tipton State MI Zip Code 49287	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name WALBERG FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

12250.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 160 / 171
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE	Nature of Debt (Purpose): Dues and Subscriptions
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="1500.00"/>	Transaction ID: SD10.66612	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.74651	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL ADVANTAGE	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address P.O. 1223	
City State ZIP Code McLean VA 22101	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.74667	
Amount Incurred This Period <input type="text" value="1500.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DIRECTECH, INC	Nature of Debt (Purpose): Caging & Data Processing
Mailing Address 8595 Grovemont Circle	
City State ZIP Code Gaithersburg MD 20877	

Outstanding Balance Beginning This Period 223.11	Transaction ID: SD10.42032	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT-ION
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period 2532.94	Transaction ID: SD10.70617	
Amount Incurred This Period 0.00	Payment This Period 2532.94	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC	Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 1973 COUNTY ROAD C2 WEST	
City State ZIP Code ROSEVILLE MN 55113	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74639	
Amount Incurred This Period 1820.83	Payment This Period 1820.83	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	223.11
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 1973 COUNTY ROAD C2 WEST			
City	State	ZIP Code	
ROSEVILLE	MN	55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.74661	
Amount Incurred This Period <input type="text" value="3217.89"/>	Payment This Period <input type="text" value="3217.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC			Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 1973 COUNTY ROAD C2 WEST			
City	State	ZIP Code	
ROSEVILLE	MN	55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.74658	
Amount Incurred This Period <input type="text" value="3234.00"/>	Payment This Period <input type="text" value="3234.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INKWELL, INC			Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 1973 COUNTY ROAD C2 WEST			
City	State	ZIP Code	
ROSEVILLE	MN	55113	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.74712	
Amount Incurred This Period <input type="text" value="3190.31"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3190.31"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3190.31"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM	Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 8421 Hilltop Road	
City State ZIP Code Fairfax VA 22031	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74664	
Amount Incurred This Period 2858.00	Payment This Period 2858.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 8421 Hilltop Road	
City State ZIP Code Fairfax VA 22031	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74669	
Amount Incurred This Period 3212.89	Payment This Period 3212.89	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWM Direct Marketing Services	Nature of Debt (Purpose): Direct Mail
Mailing Address 8048 Hillrise Court	
City State ZIP Code Elkridge MD 21075	

Outstanding Balance Beginning This Period 2320.90	Transaction ID: SD10.15344	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2320.90

1) SUBTOTALS This Period This Page (optional).....	▶	2320.90
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL JOURNAL	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address 1501 M Street, NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 1597.50	Transaction ID: SD10.67398	
Amount Incurred This Period 0.00	Payment This Period 1597.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL JOURNAL	Nature of Debt (Purpose): DUES AND SUBSCRIPTIONS
Mailing Address 1501 M Street, NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74671	
Amount Incurred This Period 1645.00	Payment This Period 1645.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PERSONALIZED MARKETING SERV	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 85 Air Park Drive	
City State ZIP Code Lynchburg VA 24502	

Outstanding Balance Beginning This Period 2359.42	Transaction ID: SD10.70618	
Amount Incurred This Period 0.00	Payment This Period 2359.42	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 165 / 171
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PERSONALIZED MARKETING SERV	Nature of Debt (Purpose): PAC - DIRECT MAIL POSTAGE
Mailing Address 85 Air Park Drive	
City State ZIP Code Lynchburg VA 24502	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74643	
Amount Incurred This Period 3440.20	Payment This Period 3440.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PERSONALIZED MARKETING SERV	Nature of Debt (Purpose): PAC - DIRECT MAIL PRODUCT- ION
Mailing Address 85 Air Park Drive	
City State ZIP Code Lynchburg VA 24502	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74653	
Amount Incurred This Period 4414.56	Payment This Period 4414.56	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID SALKELD	Nature of Debt (Purpose): MEDIA
Mailing Address 2916 STUART DRIVE	
City State ZIP Code FALLS CHURCH VA 22042	

Outstanding Balance Beginning This Period 500.00	Transaction ID: SD10.70622	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID SALKELD	Nature of Debt (Purpose): MEDIA
Mailing Address 2916 STUART DRIVE	
City State ZIP Code FALLS CHURCH VA 22042	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74677	
Amount Incurred This Period 1000.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Seckman Printing	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 305 Enterprise Drive	
City State ZIP Code Forest VA 24551	

Outstanding Balance Beginning This Period -450.00	Transaction ID: SD10.15354	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -450.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): Direct Mail
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 1022.32	Transaction ID: SD10.15340	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1022.32

1) SUBTOTALS This Period This Page (optional).....	▶	572.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 167 / 171
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): Credit for Error in Billi- ng
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period -1022.32	Transaction ID: SD10.15509	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -1022.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74680	
Amount Incurred This Period 711.98	Payment This Period 711.98	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74681	
Amount Incurred This Period 1600.00	Payment This Period 1600.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	-1022.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74685	
Amount Incurred This Period 2400.00	Payment This Period 2400.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74688	
Amount Incurred This Period 2600.00	Payment This Period 2600.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74689	
Amount Incurred This Period 2600.00	Payment This Period 2600.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LUKENS COMPANY'	Nature of Debt (Purpose): PAC - DIRECT MAIL CONSULT- ING
Mailing Address 2800 Shirlington Road 9th Floor	
City State ZIP Code Arlington VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74692	
Amount Incurred This Period 2000.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): CAGING AND DATA ENTRY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 467.76	Transaction ID: SD10.70620	
Amount Incurred This Period 0.00	Payment This Period 467.76	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74647	
Amount Incurred This Period 584.47	Payment This Period 584.47	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 170 / 171
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NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74649	
Amount Incurred This Period 500.52	Payment This Period 500.52	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74655	
Amount Incurred This Period 780.58	Payment This Period 780.58	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74657	
Amount Incurred This Period 545.65	Payment This Period 545.65	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 171 / 171
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Campaign for Working Families

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74663	
Amount Incurred This Period 860.18	Payment This Period 860.18	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): PAC - CAGING AND DATA ENT- RY
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.74673	
Amount Incurred This Period 841.61	Payment This Period 841.61	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	5284.32
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	